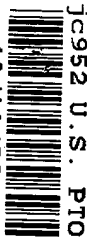


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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	TNCR.189US0
	First Named Inventor or Application Identifier	ANDREI V. SHCHEGROV; ANATOLY FABRIKANT; and MEHRDAD NIKOONAHAD
	Title	PARAMETRIC PROFILING USING OPTICAL SPECTROSCOPIC SYSTEMS
	Express Mail Label No.	EL707908545US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, D.C. 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form - see page 2 of this form. (Submit an original, and a duplicate for fee processing)</p> <p>2. Application:</p> <p><input checked="" type="checkbox"/> Specification: (preferred arrangement set forth below) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description (all totaling 21 pages) Appendix(ces) ____, & ____ (____ pages)</p> <p><input checked="" type="checkbox"/> Claim(s) <u>20</u> pages</p> <p><input checked="" type="checkbox"/> Abstract of the Disclosure <u>1</u> page</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>13</u>]</p> <p>4. Oath or Declaration <input type="checkbox"/> unsigned [Total Pages <u> </u>]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)</p> <p>c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of ____ pages of microfiche containing ____ frames on each page in accompanying envelope.</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>		
ACCOMPANYING APPLICATION PARTS		
<p>8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) ____ pages</p> <p>9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (combined when there is an Assignee with Patent Declaration above.)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS) & <input type="checkbox"/> PTO-1449 <input type="checkbox"/> ____ Copies of IDS Citations/References</p> <p>12. <input type="checkbox"/> Preliminary Amendment ____ pages</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)</p> <p>14. Small Entity Status</p> <p><input type="checkbox"/> Small Entity Statement Enclosed ____ pages</p> <p><input type="checkbox"/> Statement filed in prior application; and status still proper and desired</p> <p><input type="checkbox"/> Is no longer claimed.</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other: <input type="checkbox"/> Copy of Petition for Extension of Time filed in parent appl.;</p>		
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No. ____ Filed on ____, entitled: ____ PRIOR APPLICATION INFORMATION: Examiner _____ Group Art Unit _____</p>		
18. CORRESPONDENCE ADDRESS		
Customer Number or Bar Code Label _____ or <input checked="" type="checkbox"/> Correspondence address below		
Name	James S. Hsue	Reg. No. 29,545
Attorneys for Applicant	Skjervén Morrill MacPherson LLP	
Address	25 Metro Drive, Suite 700	
City	San Jose	State CA Zip Code 95110
Country:	United States	Telephone (408) 453-9200 Fax (408) 453-7979



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19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
104	TOTAL CLAIMS (37 CFR 1.16(c))	-20	=	84	x	\$18	=	\$1,512.00
15	INDEPENDENT CLAIMS (37 CFR 1.16(b))	-3	=	12	x	\$80	=	\$ 960.00
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))					+	\$260.00	=
							BASIC FEE (37 CFR 1.16(a))	= \$ 710.00
							Total of above Calculations	= \$3,182.00
							Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).	=
							TOTAL	= \$3,182.00

20. **FEES:** The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. **19-2386**:

- a. ☐ Fees required under 37 CFR 1.16. (U.S. Application Filing Fees)
- b. ☐ Fees required under 37 CFR 1.17. (Conditional Extension of Time Fees)
- c. ☐ Fees required under 37 CFR 1.18. (Patent Issue Fees)
- d. ☒ The filing fee will be deferred at this time.

21. ☐ Other: _____

NOTE:

The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

New correspondence address below

NAME					
ADDRESS					
CITY		STATE		ZIP CODE	
COUNTRY		TELEPHONE		FAX	

23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Skjerven Morrill MacPherson LLP	
25 Metro Drive, Suite 700	
San Jose, CA 95110	
Tel. (408) 453-9200 Fax. (408) 453-7979	
Date:	December 19, 2000
Name	James S. Hsue Reg. No. 29,545
Signature	
Express Mail Label No.	EL707908545US